

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90012 043 \*\*\*150.00

**DOCUMENT # G59689**

1. Entity Name

HAROLD S. WILSON, P.A.



Principal Place of Business

~~18514 US HWY #19 NORTH~~  
~~SUITE E~~  
~~CLEARWATER FL 33764~~  
~~US~~

Mailing Address

18514 US HWY #19 NORTH  
SUITE E  
CLEARWATER FL 33764  
US

04036908



MOORE CR2E034 (11/03)

2. Principal Place of Business

1956 COVE LANE

Suite, Apt. #, etc.

3. Mailing Address

1956 COVE LANE

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-2318948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

33764

Country

PINELLAS

Zip

33764

Country

PINELLAS

6. Name and Address of Current Registered Agent

WILSON, HAROLD S.  
18514 US HWY #19 NORTH, SUITE E  
CLEARWATER FL 33764

1956 COVE  
LANE

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME WILSON, HAROLD S ☐ Delete  
STREET ADDRESS 18514 US HWY #19 NORTH, SUITE E  
CITY-ST-ZIP CLEARWATER FL

TITLE T  
NAME WILSON, HAROLD S ☒ Delete  
STREET ADDRESS 18514 US HWY #19 NORTH, SUITE E  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1956 COVE LANE  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Harold S. Wilson*

HAROLD S. WILSON

4/16/04

(727) 531-1926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #